



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

646.3812  
Job Sheet 170477



Part No: 646.3812

Job Qty: 24 ea

Part Name: Gusset Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 1/16/18

Job Tracking No:

Due Date: 2/8/18

Created By: Linda Lacelle

Type: SOLD

Description:

Note: DWG REV NC IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |              | Sign-off         |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|--------------|------------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time    |                  |
| 90    | Start up Operation | 24 Ea  |            | 1/24/18  | 0.00      | 0.00    | Start Up Machining-1  |              | J.C. L.          |
| 100   | Bandsaw            | 24 pcs |            | 1/24/18  | 0.00      | 5.57    | Bandsaw1              |              | J.C. L.          |
| 110   | Mill Conv          | 24 pcs |            | 1/25/18  | 0.00      | 11.27   | Mill Conv 1           |              | J.C. L.          |
| 120   | QC                 | 24 pcs |            | 1/25/18  | 0.00      | 0.00    | QC2 Machining-1       |              | J.C. L. 18-01-30 |
| 130   | QC                 | 24 pcs |            | 1/25/18  | 0.00      | 0.00    | QC8 Machining-1       |              | J.C. L. 18/01/31 |
| 140   | Outsource          | 24 pcs |            | 2/8/18   |           |         | ATG001-VC             | Outsource 10 | AT 18/03/01      |
| 150   | Packaging          | 24 pcs |            | 2/8/18   | 0.00      | 0.00    | Packaging2            |              | AT 18/03/01      |
| 155   | QC                 | 24 pcs |            | 2/8/18   | 0.00      | 0.00    | QC5                   |              | 38               |
| 180   | Packaging          | 24 pcs |            | 2/8/18   | 0.00      | 0.00    | Packaging3-1          | CE100        | MAR 01 2018      |
| 190   | QC21-SA            | 24 Ea  |            | 2/8/18   | 0.00      | 0.00    | QC21                  |              | MAR 02 2018      |

Part Op 110 - 1-Machine per DWG

Descriptions: 140 - Issue P/O to ATG : 035921 Hard Anodize Black and Prime as Per Dwg 646.3800

180 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

MAR 02 2018  
JAN 31 2018

### Job Allocations

| Operation             | Component Part                | Required | Inventory | Allocated | Std Qty |
|-----------------------|-------------------------------|----------|-----------|-----------|---------|
| 90-Start up Operation | M7075T6A0.75X0.75X0.060X0.062 | 2        | 51        | 0         | 0       |

FM 136 405

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                      |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Work Order: _____<br>Part No. _____<br>NCR No. _____ | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |                                                 |
| Date : _____                                         | Step #: _____                                                                                                                                                                  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MRB (QSI042) Approval                           |
| <b>Description Work Order Deviation</b>              |                                                                                                                                                                                | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Completed By                                    |
|                                                      |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lead hand / Supervisor<br>Approval Verification |
|                                                      |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |

| Root Cause                                  |                                                |                                                 |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> |                                                 |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              | OTHER : <input type="checkbox"/>                |

Job No: 170477  
Start up Operation 01/30/18

Change No: \_\_\_\_\_  
Operation: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Original Serial #: S036884  
PART NO: 646.3812



Gusset Bracket

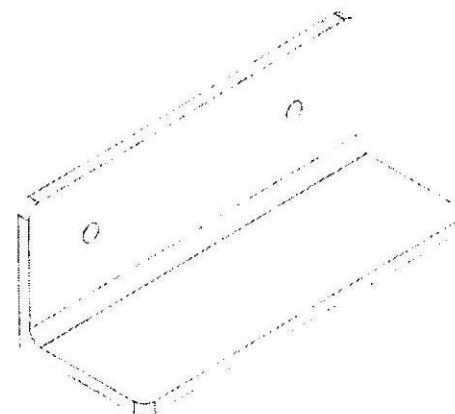
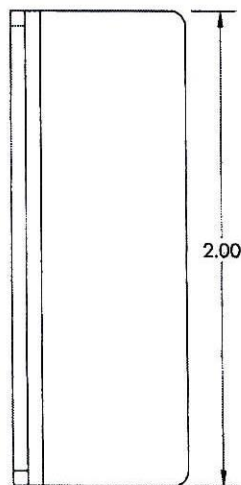
S036884

AEROSPACE

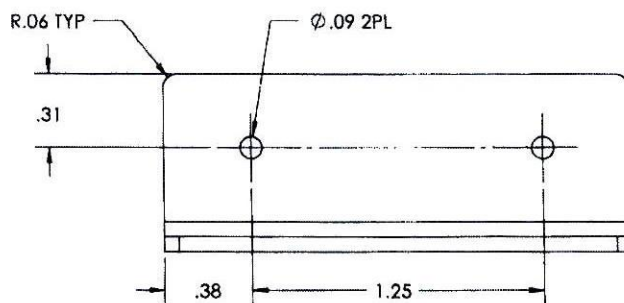
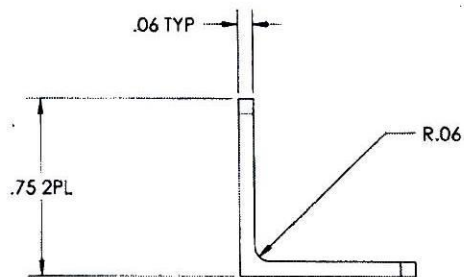
Hawkesbury, ON K6A 1K7  
CANADA  
TEL: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

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| REVISIONS |             |      |          |
|-----------|-------------|------|----------|
| REV       | DESCRIPTION | DATE | APPROVED |
|           |             |      |          |
|           |             |      |          |



646.3812



|                            |  |                         |                                         |               |
|----------------------------|--|-------------------------|-----------------------------------------|---------------|
| NEXT ASSY IS:              |  | ORIGINAL DATE: 08-19-08 | APICAL INDUSTRIES                       |               |
| DRAWN BY: J. GARDNER       |  | CHECKED BY: J. GARDNER  | 2608 TEMPLE HEIGHTS DR.                 |               |
| DRAWN-C APPROVAL:          |  | CONTRACT NO:            | OCEANSIDE, CA. 92056-3512 (760)724-5300 |               |
| UNLESS OTHERWISE SPECIFIED |  | SHEET: B                | DATE: 07/26/06                          | REV: N/C      |
| DIMENSIONS ARE IN INCHES   |  | SCALE: NONE             | DWG NO: 646.3800                        | SHEET: 3 OF 3 |
| TOLERANCES ARE:            |  | BRACKETS                |                                         |               |
| 1 PLACE DECIMALS: .005     |  |                         |                                         |               |
| 2 PLACE DECIMALS: .0005    |  |                         |                                         |               |
| ANGLES: 1/2°               |  |                         |                                         |               |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |                       |  |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO038921

Supplier: ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

Attention: Lalande, Marc-Andre

Ship To: 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

PO No: PO038921

PO Date: 1/31/18

Due Date: 2/9/18

Purchase Order

Revision:

Revision Date:

Ship-To Contact: Baker, Diane  
Phone: dbaker@dartaero.com

**E-MAILED**  
FEB 06 2018

Via: Ground

Pynt Terms: Net 30

Freight Terms:

Special Comments:

| Items     |        |                        |                                                                                                                                                                    | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item | Job    | Part                   | Description                                                                                                                                                        |        |          |                |                   |         |                  |                |
| 1         | 170477 | 646 3812               | Gusset Bracket<br>Issue P/O to ATG: _____<br>Hard Anodize Black and Prime as<br>Per Dwg 646 3800                                                                   | Firmed | 2/16/18  | 24 pcs         | 0 pcs             | 24 pcs  | \$7.22/pcs       | \$173.28       |
|           |        |                        |                                                                                                                                                                    |        |          | ✓ 24x          | AT 18/03/01       |         |                  |                |
| 2         | 167748 | D4970-3                | Windshield Deflector - Upper<br>Issue P/O to ATG: _____<br>Hard Anodize, Color Black and Prime<br>as per Dwg D4970 Rev. C                                          | Firmed | 2/16/17  | 1 pcs          | 0 pcs             | 1 pcs   | \$35.87/pcs      | \$35.87        |
| 3         | 167750 | D4822-2                | Upper Right Deflector<br>Hard Anodize, Color Black and Prime<br>as Per Dwg D4822 Rev. C                                                                            | Firmed | 2/16/17  | 3 pcs          | 0 pcs             | 3 pcs   | \$31.12/pcs      | \$93.36        |
| 4         | 167751 | D4821-1                | Windshield Deflector<br>Issue P/O: _____ Hard<br>Anodize, Color Black and Prime as<br>per Dwg D4821 Rev. B                                                         | Firmed | 2/16/17  | 8 pcs          | 0 pcs             | 8 pcs   | \$51.37/pcs      | \$410.96       |
| 5         | 169775 | D5227-3                | Seat Track<br>Issue P/O: _____<br>Hard Anodize, Color Black and Prime<br>as per Dwg D5227 Rev. A                                                                   | Firmed | 2/16/17  | 4 pcs          | 0 pcs             | 4 pcs   | \$32.87/pcs      | \$131.48       |
|           |        |                        |                                                                                                                                                                    |        |          | ✓ 4x           | AT 18/02/11       |         |                  |                |
| 6         | 169922 | RBW109-<br>3101-58-2-3 | Hammer Head<br>-Issue P/O to ATG: _____<br>-ANODIZE COLOR CLEAR, PER<br>IAW MIL-A-8625F TYPE 2 CLASS 1,<br>Water sealant<br>-Certificate of Conformity is required | Firmed | 2/9/18   | 5 pcs          | 0 pcs             | 5 pcs   | \$3.47/pcs       | \$17.35        |
|           |        |                        |                                                                                                                                                                    |        |          | ✓ 5x           | AT 18/02/12       |         |                  |                |
| 7         | 169924 | RBW109-<br>3101-58-2-7 | Handle<br>-Issue P/O to ATG: _____<br>-ANODIZE COLOR CLEAR, PER<br>IAW MIL-A-8625F TYPE 2 CLASS 1,<br>Water sealant<br>-Certificate of Conformity is required      | Firmed | 2/9/18   | 4 pcs          | 0 pcs             | 4 pcs   | \$3.47/pcs       | \$13.88        |
|           |        |                        |                                                                                                                                                                    |        |          | ✓ 4x           | AT 18/02/12       |         |                  |                |
| 8         | 168272 | 647 0110               |                                                                                                                                                                    | Firmed | 2/16/18  | 15 pcs         | 0 pcs             | 15 pcs  | \$44.12/pcs      | \$661.80       |
|           |        |                        |                                                                                                                                                                    |        |          | ✓ 15x          |                   |         |                  |                |





A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

## Pack List

Number: 914688

Date: 28-Feb-18

### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

### Ship To

Diane Baker  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms           |                                                                                                                                                                                                                                                     | Ship Via  |                                     |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
|                 |                                                                                                                                                                                                                                                     | OUR TRUCK |                                     |
| Quantity        | Description                                                                                                                                                                                                                                         |           |                                     |
|                 | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                     |           |                                     |
| 24<br>ea        | Part: 646.3812<br>Gusset Bracket<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 22461      |           | Rev: N/C<br>PO: PO038921<br>Line: 1 |
| 1<br>ea         | Part: D4970-3<br>Windshield Deflector - Upper<br>Hard Anodize, IAW MIL-A-8625 Type III Class 2, Color Black<br>Job: 22462                                                                                                                           |           | Rev: C<br>PO: PO038921<br>Line: 2   |
| 24<br>ea        | Part: 646.3810<br>Bracket<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 22481             |           | Rev: NC<br>PO: PO038921<br>Line: 21 |
| 16<br>ea        | Part: 646.3813<br>AS350 Strut Bracket<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 22482 |           | Rev: NC<br>PO: PO038921<br>Line: 22 |
| 16<br>ea        | Part: 646.9910<br>Struts<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 22484              |           | Rev: NC<br>PO: PO038921<br>Line: 24 |
| Made in Canada. |                                                                                                                                                                                                                                                     |           |                                     |

Made in Canada.



A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 914688

Date: 28-Feb-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Diane Baker  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                     | Ship Via               |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     | OUR TRUCK              |         |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Description                                                                                                                                                                                                                                         |                        |         |
| 3<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part: D4822-2<br>Upper Right Deflector<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0001-.0002" (.1 - 2 mils) per drawing.<br>Job: 22463 | Rev: C<br>PO: PO038921 | Line: 3 |
| 7<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part: 647.0110<br>Roof Doubler<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 22468        | Rev: A<br>PO: PO038921 | Line: 8 |
| <p>CERTIFICATE OF CONFORMANCE<br/>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.</p> <p>Date: <u>28/2/18</u></p> <p>Certified Signature: <u>[Signature]</u></p> <p>Receiver Signature: _____</p> <p>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.</p> <p>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.</p> |                                                                                                                                                                                                                                                     |                        |         |
| Made in Canada.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                        |         |